5/17/2010

Telephone (206) 254 - 30 3 -

Date

Approved for use through 11/30(21), DMS 0831-0025

U.S. Paterri and Theodomark Office: U.S. DEPARTABENT (of CAMBRICTOR)

Under the Plaparwork Resourcion Act of 1985, so persons are required to respond to a collection of information unless it delays a resid OMS control number.

POWER OF A	TTORNEY TO PRO	SECUTE AP	PLICATIONS BEFO	ORE THE US	SPTO
I hereby revoke all prev 37 CFR 3.73(b).	vious powers of attorney of	given in the app	lication identified in the	attached states	ment under
I hereby appoint:	***************************************				***************************************
Practitioners associated with the Customer Number			20999		
			20509		
OR					
Placitioner(s) named	below (if more than ten patent p	mactitioners are to	be named, then a customer n	umber must be use	id):
	Name	Registration Number	fasmę		
		Number			Permiser
***************************************					
			***************************************		***********
	represent the undersigned befor		5-1-1-15-1-1-1-0	4.5555	
any and all patent application	is assigned only to the undersig	ned according to th	i Patent and Trademark Unio ie USPTO assignment record	e (USP1O) in open is or assignment do	ection with cuments
attached to this form in accor-	dance with 37 CFR 3.73(b).			***************************************	***************************************
Please change the correspon	ndence address for the application	on identified in the	attached statement under 37	CFR 3 73(b) to:	
The address associated with Customer Number:		1	20999		
OR Firm or	#14.11111111111111111111111111111111111				
Individual Name					1
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
City		State	maranta maranar una da manginar anno anterio debita debita de	Zip	
				1.7	
Country		***************************************			
Telephone			Email		
	~~~~~	***************************************	L		
Assignee Name and Address:					
Widevine Technologies, 901 5th Avenue, Suite 3					
Seattle, WA 98164	400				
	ther with a statement unde				
	in which this form is used. ted in this form if the appoi				
and must identify the app	plication is which this Pow	rer of Attorney is	r is authorized to act on s to be filed.	penan or the as	isignee,
		URE of Assignee c		***************************************	***************************************
The individ	fual whose signature and title is			of the assignoe	

Tillio G-C-C-C-L County To State 1.33. The information is required to obtain or relatin absendit by the public which is to the journal or of the county of t FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

trad 1

AL,

Signature

Name